hemisphere, near the vertex. The hemorrhagic focus was of the size of a small apple and surrounded with a narrow zone of punctiform hemorrhages, accompanied with œdema. In the vicinity of this hemorrhage were two small abscesses, where the pia presented fibrinopurulent infiltration. The same individual was attacked by hemorrhagic nephritis with multiple foci. There was found, besides, a small abscess of the liver. A common point of departure could not be found to explain these lesions as embolic. He suffered from a slight mitral insufficiency. The lungs contained several bronchopneumonic foci, in the red stage of hepatization, with hyperæmia and œdema. (Le Bulletin médical, No. 88, 1891.) F. H. P.

CEREBRAL ŒDEMA.

Huguenin (Correspondenzblatt f. Schweizer Arzte, Bd. xix., No. 11) is of the opinion, which is based upon the result of anatomical observations, that circulatory disturbances within the cranium do not produce fatal œdema, until changes occur in the brain and skull. Among such changes are obliteration of the lymph paths, cessation of cranial growth with concomitant brain pressure, and brain disease itself. He endeavors to show the improbability of œdema resulting from congestion by the important fact that in children dying from hyperæmia, œdema, or mild hydrocephalus, an incomplete streptococcus meningitis was always demonstrable. In children, death from œdema following congestion, presupposes a more definite condition, such as chronic meningitis. The same holds good in adults, where there is dementia paralytica or meningitis from tremor. The fatal cases of œdema cerebri from premature synostosis, acute hemorrhage, tumors, abscesses, or traumatism, must be classed with those forms, which can only be explained by the combination of a pre-existing pressure with *relaxation hyperæmia.* W. M. L.

RESEARCHES UPON THE SENSIBILITIES IN THE INSANE.

Dr. Luigi Roncoroni (Giornale della R.-Accademia di Med. di Torino, October, 1891). The author bases his conclusions upon a careful study and examination of seventeen melancholics, twenty-one epileptics, thirty monomaniacs, five paranoiacs, six paralytics, and fourteen maniacs. He finds some disturbance of sensibility in only 2.4 per cent. of all cases.

2. The muscular and tactile senses are almost constantly normal, especially so in the paralytics.

3. The sense of hearing was found blunted in 35 per cent.

4. In the sense of taste there seemed to be some disassociation in the gustatory sensations.

Disturbances of taste and smell are very frequently met with in the insane.

5. In epileptics, disturbances of sensation are most frequet, then in melancholics, and least in the maniacs.

6. The degree of dullness of the general, tactile, and especially the sensibility of pain, is directly proportional to the condition of the patient. W. C. K.

CEREBRAL HEMORRHAGE.

E. Mendel. Why do hemorrhages into the brain occur most frequently from one of the small branches of the artery of the corpus striatum, while hemorrhages from the cortical blood-vessels are less frequent? This question has recently received the attention of Mendel (Berliner klin. Wochenschr., 1891, No. 24). The diseased condition of the cerebral vessels is the cause of the hemorrhage. Miliary aneurisms are developed, which burst when the arterial tension is suddenly increased. These aneurisms are found most frequently and in greatest number on the art. corp. striat. This is illustrated by an ingenious experiment. In accord with his investigations and those of Heubner and Duret, we may assume with certainty that the arteries, which supply the large ganglia and white substance, are terminal arteries, while the arteries of the cortex he proves, in opposition to Duret, form an extensive anastomotic plexus. This distribution was demonstrated by a system of rubber tubes. A rubber balloon representing the heart, and an attached rubber tube serving as the aorta and carotid. From this two systems of tubes arise, corresponding with the arrangement of the cerebral vessels, one anastomosing with each other and exemplifying the cortical arteries, and the other representing the arteries of the corpus striatum (terminal arteries).

If, by pressure on the balloon, an over-pressure is produced, all the tubes, the mercury manometer, adjusted in